

Patient-Centered Medical Home Advisory Council
Meeting Notes
November 16, 2011

Members on the Phone- **Carol Kelley**, Bozeman Deaconess internal Medicine Associates; Pat Murdo, Legislative Services; **Dr. Doug Carr**, Billings Clinic; **Dr. Jay Larson**, Independent Provider; **Dr. Janice Gomersall**, Montana Academy of Family Physicians; **Dr. Rob Stenger**, Grant Creek Family Practice, St. Patrick's Hospital; **Cindy Stergar**, Butte Silver Bow Primary Health Care Clinic; **Dr. Deborah Agnew**, Billings Clinic Pediatrician; **Bill Pfingsten**, Bozeman Deaconess Health Group; **Lisa Wilson**, Parents, Let's Unite for Kids – PLUK

Members in Person- **Dr. Bob Shepard**, New West Health Services; **Paula Block**, Montana Primary Care; **Dr. Fred Olson**, BCBS; **Nancy Wikle for John Hoffland**, DPHHS Medicaid

Members Absent- **Dr. Paul Cook**, Rocky Mountain Health Network; **Kristina Davis**, Children's Defense Fund; **Dr. Jonathan Griffin**, St. Peter's Medical Group; **Kristin Juliar**, Montana Office of Rural Health; **Todd Lovshin**, Allegiance Life and Health Company; **Kirsten Mailloux**, EBMS; **Bob Olson**, MHA; **Dr. Tom Roberts**, Western Montana Clinic; **Bernadette Roy**, CHC-Partnership Health Center; **Loren Schrag**, HealthShare Montana; **Dr. Jerry Speer**, Benefis Health System; **Claudia Stephens**, Montana Migrant and Seasonal Farm Worker Council; **Rick Yearry**, Regional Extension Center

Chairman, Dr. Bob Shepard was not able to officially call the meeting to order because a quorum was never established. Those participating held informal discussion on the agenda items.

1. Approval of Minutes from Last Meeting

The minutes could not be approved without a quorum.

2. Reports from Subcommittees

a. Quality Metrics

The subcommittee is getting very close to finishing to finishing up their work on the first phase of metrics. The posted meeting notes reflect various changes made to the Quality Metrics matrix. Dr. Shepard will send out the CAHPS survey to the list serve with some of the NCQA guidelines that go with it. The subcommittee decided to delay most mental health measures until phase II, but is considering adding depression screening and anti-depressant medications data to phase I.

b. Framework for Payment

CSI staff confirmed that it is likely possible to have a payment model that payers and providers could follow without violating anti-trust laws as long as there are not numbers in the blanks. Dr. Carr has created a revised draft framework for payment based on all the suggestions that were made at the last meeting and it is available on the CSI website.

3. Discussion of PCMH goals and potential legislative proposals – Christina Goe, CSI General Council

The Council had a wide ranging discussion after Christina Goe posed questions about its vision for PCMH. Members present agreed that we need to deal with anti-trust concerns as a primary focus of legislation. It seemed clear that we need to set out a state action stating our intent to

displace competition for a particular purpose and pledge on-going state oversight OR provide authority for an executive agency to do so.

Council members were advised that bill drafting deadlines are in September, but we would need a draft much earlier in order to circulate it among interested parties and start gathering support for the legislation. Depending on the type of law we are working on, we should start working as early as January and have a nearly finished product by July to allow time to find a sponsor and gather support.

Effective legislation would start with general “whereas” statements but be specific enough to get a broad anti-trust exemption for numerous purposes. It should be clear enough to give basic protection, but still provide for the flexibility to respond to adjustments that need to be made during a pilot program or in response to new developments.

If the state should ever want to legally compel insurers to participate in a PCMH program, the commissioner would be the most appropriate state executive office to have oversight and rule making authority. Rule making authority may be a necessary part of any general legislation in order to create more structure and not have as much detail in the bill. There was discussion about the difficulty in passing rule making authority, but if done in consultation with a governing board with the authority spread across multiple state officials, it can garner more support.

The Council should start considering the make-up of the governing board for a PCMH program. Various details will need to be clarified such as who makes the appointments, what types of members they are (providers, payers, consumers, etc?), their various functions, and a list of their duties. The work that already underway for quality metrics, framework for payment, and other ideas can continue as legislation is prepared. If passed, the work could be handed over the board established by the legislation.

Most of the legislation in the other states begins with goals that everyone can agree on such as driving down costs, improving quality, etc. Successful legislation can start with general principles like these to gauge the amount of interest and then we can add in more detail if enough support is gathered. The arguments on why we need a bill passed in order to make these things happen in Montana will need to be developed for a successful legislative effort

The council will review general “whereas” clauses of Maryland’s bill to start formulating some ideas for Montana goals. The council can also initially work on better defining the “triple aim,”—improving care, getting better population health outcomes, and reducing costs, and put together a list of the successes we want to see come from PCMH in five years. Once the Council gets this information to Christina Goe, she will have a better idea of how to start drafting legislation.

4. Updated Work Plan

The group gave a few suggestions for changes for CSI staff to make to the work plan, such as adding narrative to parts 1 and 2 and expanding the points under the timeline. The council will look at a revised version at a future meeting.

5. Updates on old business

- a. CMS RFP

The council received confirmation that Medicaid and New West have submitted their LOI's for yesterday's deadline. BCBS and EBMS had previously confirmed. No one present was certain if Allegiance had submitted.

- b. Recommendations on attributes of technology platform
Minor revisions were made to the document based on feedback.. CSI staff will put the document in the form of a formal recommendation and submit it to the Commissioner.
- c. Provider surveys
The letter has been finalized and signed by Chairman Dr. Shepard. The surveys are being finalized by CSI staff members who will initially have a few volunteers from the council test the survey before sending it out to all contacts at the end of the week.
- d. Conflict of interest statements
The document has been finalized and is posted on the CSI website.
- e. All-Payer, All-Claims Database
The advisory council for the all-payer, all-claims database study bill will meet on December 2nd, at CSI, 10:00 AM – 1:00 PM.

6. Next Meetings

Nov. 23rd no meeting
Nov. 30th subcommittees
Dec. 7th council meeting (broad decisions on legislation)
Dec. 14th subcommittees
Dec. 21st council meeting (review survey results—plan for webinars)
Dec. 28th no meeting
Jan. 4th no meeting
Jan 11th - council meeting (review initial legislative draft)

Meeting adjourned at 2:33pm